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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Chowdhury, Sumaiya A.

Firm: U.S. Patent and Trademark Office
Art Unit 2623

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: September 8, 2006

Re: FLH Ref No.: 450101-03635
Serial No: 09/996,519

Number of Pages: 12
(including cover page)

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00367092

PATENT
450101-03635RECEIVED
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Natsuko Yotsumoto, et al.
 Serial No. : 09/996,519
 Filed : November 29, 2001
 For : INFORMATION PROCESSING METHOD AND APPARATUS
 AND RECORDING MEDIUM
 Examiner : Chowdhury, Sumaiya A.
 Art Unit : 2623

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	5	Minus	** = 20	* 0 x	\$50 (25)	= \$ 0
Independent claims	3	Minus	*** = 3	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

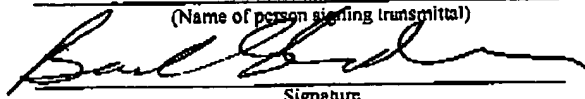
- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$___ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

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Barnet Shindelman

(Name of person signing transmittal)



Signature

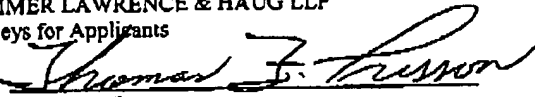
September 8, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By:


 Thomas F. Presson
 Reg. No. 41,442

U.S. Patent Application No. 09/996,519
Reply to Final Office Action dated July 10, 2006

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450101-03635

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Art Unit : 2623
Confirmation No. : 3537

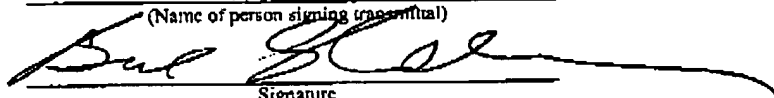
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Barnet Shindlman

(Name of person signing transmittal)



Signature

September 8, 2006

Date of Signature

RESPONSE UNDER 37 C.F.R. § 1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed on July 10, 2006, having a three-month statutory period for response set to expire on October 10, 2006, please amend the above-captioned application as follows.

U.S. Patent Application No. 09/996,519
Reply to Final Office Action dated July 10, 2006

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Amendments to the Claims are reflected in the listing of claims, which begins
on page 3 of this paper.

Remarks/Arguments begin on page 7 of this paper.